

Cabinet for Health and Family Services
Kentucky Department for Public Health

APPLICATION FOR LEAD-HAZARD TRAINING ACCREDITATION

Department for Public Health
Environmental Lead Program
275 East Main Street HS1EB
Frankfort, KY 40621

PLEASE PRINT CLEARLY

If renewing, enter current Kentucky accreditation number

Training Provider Name: _____ Contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____
Fax Number: () _____

Email Contact: _____

Please submit all additional requirements in letter form per 902 KAR 48.030.

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Initial Accreditation Fee: \$200.00

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Reaccreditation Fee: \$100.00

Please check each initial or refresher course offered:

| Courses | Initial \$200 | Renewal \$150 |
|---------------------------------|---------------|---------------|
| Inspector – 24 hr. | _____ | _____ |
| Risk Assessor – 16 hr. | _____ | _____ |
| Worker – 16-32 hr. | _____ | _____ |
| Supervisor – 32-40 hr. | _____ | _____ |
| Project Designer – 16 hr. | _____ | _____ |
| Clearance Technician – 8 hr. | _____ | _____ |
| 8 Hour Refresher Courses | | |
| Inspector | _____ | _____ |
| Risk Assessor | _____ | _____ |
| Worker | _____ | _____ |
| Supervisor | _____ | _____ |
| Project Designer | _____ | _____ |
| Clearance Technician | _____ | _____ |

Total _____ \$ _____
Total = Initial Fee or Renewal Fee + Course Fees

FOR DEPARTMENT FOR PUBLIC HEALTH USE ONLY

--Not To Be Filled Out By Applicants--

Certification Fee: _____ Method of Payment _____ Ck. # _____ Date Rec'd _____ Processed by _____
Check or Money Order



Revised 11/13

KentuckyPublicHealth
Prevent. Promote. Protect.